APPLICATION FOR BUILDING PERMIT —

	CIT	TY OF INDIANG	OLA		lumber Date
	MPORTANT – Com	plete ALL items. Mark bo	xes where applicable		
		Job Address Buildings \$ Zone		of Lot	
Legal Description					
II. TYPE AND COST OF BUILDING -	All applicants compl	ete Parts A - D.			
A. TYPE OF IMPROVEMENT D. PROPOSED USE - For "Demolition" most recent use					
 New Building Addition (If residential, enter numb of new housing units added, if any, in Part D, 13) Alteration (See 2 above) Repair, replacement Demolition (If multifamily residential enter number of units in building in Part D, 13) Moving (relocation) Foundation only 	12 One 13 Two num 14 Tran or do	family or more family - Enter ber of units sient hotel, motel, ormitory - Enter number nits age oort	Nonresidential 20		
3. OWNERSHIP 8 Private (individual, corporation, nonprofit institution, etc.) 9 Public (Federal, State or local government		er (Specify)	30 Tanks, lo		
C. VALUATION 10 Value of improvement		shop, laundry building a parking garage for depa	be in detail proposed use of buildin t hospital, elementary school, seco rtment store, rental office building, ing changed enter proposed use.	ndary school, colle	ge, parochial schoo
c. Heating, air conditioning					
TOTAL VALUE OF IMPROVEMENT	\$	\$7,500.00	mprovement Requires Public S	idewalk	
III. SELECTED CHARACTERISTICS (OF BUILDING - For r	new buildings and additions, o	complete Parts E-L:		
E. PRINCIPAL TYPE OF FRAME 32	G. TYPE OF SEWAGE DISPOSAL 42 Public or private company 43 Individual (septic tank, etc.) H. TYPE OF WATER SUPPLY 44 Public or private company 45 Individual (well, cistern)		J. DIMENSIONS 50 Number of stories		
			52 Total land area, sq. ft		
F. PRINCIPAL TYPE HEATING FUEL 37 Gas 38 Oil	I. TYPE OF MECHANICAL Will there be central air conditioning? 46 Yes 47 No Will there be an elevator?		K. NUMBER OF OFF-STREET PARKING SPACES 53 Enclosed		
39 Electricity 40 Coal 41 Other - Specify			L. RESIDENTIAL BUILDINGS ONLY 55 Number of bedrooms		
	48 🗌 Yes	49 □ No	Bathrooms Partial		Ph.
IV. IDENTIFICATION - To be complete				Zip Code	
Name . Owner	Ma	Mailing address - Number, street, city and state			Tel. No.
. Contractor State Reg. #					
S. Architect State Reg. #				-	
The owner of this building and the undersign Signature of Applicant	ned agree to conform	to all laws of the City of India	nola		Application date
	DO NOT WEIT	E IN THIS SPACE - FOR	OFFICIAL LISE		1 Luciania
Building official	Permit fee	Receipt nur	·····	te permit issued	Permit number
ermit Number	PI: (A	ease detach when comple CITY OF INDIANOLA, IOV pplication for Certificate Occupancy and Complian	vA of		÷
Notice is hereby given to the Building Inspecto	r that the				
ocated at and known as		W - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
ou are hereby requested to make necessary	inspection and to issue	a certificate of occupancy an	d compliance.		